



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository ☐

2008 MAR 18 AM 8:21
21-FEB-2008

Reference No.
10218715

OWNER INFORMATION (Type or Print)

Name

Address

City

GREAT FALLS

State

MT

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G2NE52E95

Make
PONTIAC

Model
GRAND AM

Model Year
2005

Date Purchased
09-JUL-07

Dealer's Name and Telephone Number
SCOTT URQHARDT MOTORS

Engine:
No: Cylinders 6

Fuel Type:
Gas
Unleaded

Original Owner
☐

Dealer's City
GREAT FALLS

State
MT

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
FRONT WHEEL DRIVE

Vehicle Component Code
151300 SEAT BELTS:FRONT:RETRACTOR

Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
18-AUG-2007

Failure Mileage
45000

Failure Speed
0

The Pass Rear Seat belt Assembly

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured
0

Number of Deaths
0

Reported to Police
N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 2005 PONTIAC GRAND AM. IN AN ATTEMPT TO USE THE REAR PASSENGER SEAT BELT, IT WOULD NOT RETRACT INTERMITTENTLY. THE VEHICLE WILL BE TAKEN TO THE DEALER ON FEBRUARY 21, 2008 TO BE REPLACED. THE CURRENT MILEAGE WAS 49,191 AND FAILURE MILEAGE WAS 45,000.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The rear seat belt behind the passenger side would lock up. When it did lock up it was unusable. It would unlock after the car had been sitting for a while. When being used, it would lock up again.

If for some reason you would want the bad part, I have it.

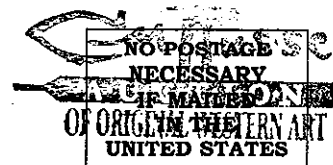
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1888

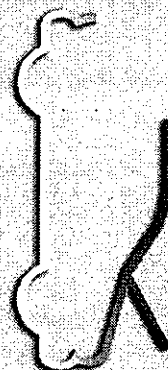
WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382**



**Think your vehicle
has a safety defect?**



If so:

**Use the enclosed
form to file a report.**

or visit:

www.safercar.gov

or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration



26 9th Street South
P.O. Box 2267
Great Falls, MT 59403

Bennett Motors

PONTIAC BUICK GMC SUBARU

Phone: 406-727-2100
Toll Free: 800-821-8422
www.bennettmotors.com

R/O		VIN		DATE IN	
42478		1G2NE52E95M		02/21/08	
YEAR	MAKE	MODEL	COLOR	TIME IN	
2005	PONTIAC	GRAND AM S	GRAY	08:30	
MILES IN	MILES OUT	FIRST USE	DISC.	CLOSED	
49431	49431	00/00/00		02/28/08	
SEE ALSO			H: () W: ()		WRITER 3772
					JEFF

(1) BODY INTERIOR

CUSTOMER STATES THE PASSENGER REAR SEAT BELT
LOCKS UP TIGHT (INTERMITTENTLY)
REPLACED THE PASS REAR SEATBELT ASSEMBLY

(Tech:60) A

Labor	T60 17	92.00
12457314 (BELT KIT)	1	70.00
Total Labor		92.00
Total Parts		70.00
Total Repair (Customer)		162.00

DISCLAIMER OF WARRANTIES
Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties either expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply where prohibited by law.

X

CUSTOMER SIGNATURE

Page 1 of 1 Job 3679

42478 Customer Copy

W/C

INT.

CUSTOMER

Labor	92.00
Parts	70.00
Sublet	.00
Shop Supplie	.00
Oil/Grease	.00
Sub Total	162.00
.00 Tax	.00
Total (Cash)	162.00

CK# 4303